

## QUITLINE SUPPLEMENT

# Quitline Activity in Rajasthan, India

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### Abstract

Quitline activity in Rajasthan, India is a voluntary activity of Rajasthan Cancer Foundation (RCF) since April 2013. To kick-off, it took the benefit of the State Government- PIRAMAL SWASTHYA (PS)<sup>1</sup> collaborative 104 Health Information Helpline that existed already in public-private partnership. It is a reactive quitline that helps callers through the counselors and nursing staff trained specifically through the weekly sessions held by the first author, the RCF resource on quitline. Besides structuring of the scripts for primary intervention and follow-ups after 1 week, 1 month, 6 months and a year, he also monitors calls, advices and coordinates with the supervisors to manage and analyze the data base, and reports to the PS lead at the Jaipur Center on overall performance and to plan strategic communication with the State Government on its outcomes. The quitline has limitations of its informal existence through a voluntary effort of RCF, no specific resource allocation, suboptimal data management, minimal awareness in the masses due to poor IEC (Information, Education and Communication; *except its efforts made by RCF in last 1 year* through the government-run State TV and City Radio) and staff shortage and its attrition due to lack of plan for career advancement. Despite these challenges in the year 2013, the quit line has registered a quit rate (for complete abstinence) of 19.93% amongst 1525 callers. The quit rate were 58.01% (304/ 524) among the responders at the 3rd follow-up at 18 months (in September 2014)<sup>2</sup>. In view of an increase in quit rate by 5- 9 times over the prevailing quit rate in the former ever daily users [both smokers and the users of smokeless tobacco (SLT)], efforts are being made by RCF in concurrence with PS to have this cost-effective model established formally with optimal resource allocation in collaboration with willing agencies (the State and Central Governments and the International Quitline Agencies) and its replication in 4 more states where PS is collaborating with the respective state governments similarly (Assam, Chhattisgarh, Jharkhand and Karnataka).

**Keywords :** Quitline - Rajasthan Cancer Foundation - Piramal Swasthya - Rajasthan - India - Quit rate

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### Overview of Tobacco Control Policy

Rajasthan is the Western State in India- the largest area-wise with a population over 70 million (2013). It has an urban-rural ratio of 1:3 and male-female ratio of 1:928. The tobacco control in the State follows the norms set by FCTC and, in turn, by the Ministry of Health and Family Welfare, Government of India, New Delhi through the Cigarette and Other Tobacco Products Act, 2003 (COTPA)<sup>3</sup>.

All notified rules of COTPA:

- Section 4 (Prohibition on smoking in Public- and Work- places and Public Transport);
- Section 5 (Ban on Direct and Indirect Advertisement, Promotion and Sponsorship);
- Section 6 (6a- Ban on sale of tobacco products to and By the Minors; and 6b- Ban on sale of Tobacco products within 100 yards of the perimeter of any educational institution); and,
- Section 7 (Depiction of specified health warnings

[including Pictorial warnings] on tobacco products packages) have been notified at the State-level too.

But, their enforcement needs further strengthening in all 33 districts of the State that have a district coordinating committee for tobacco control besides a State-level Coordinating Committee at the capital city, Jaipur. The State has highest tax countrywide (65%), uniformly on all retail tobacco products. Besides prohibition on sale of *Gutka* since 2012, this year the State has banned sale of loose cigarettes and has ordered closure of tobacco selling shops on the last day of every month.

The State has been awarded twice in succession (to the Medical & Health Department in 2013 for tobacco control measures; and, to the Finance Department in 2014 for highest taxation on retail products countrywide) by the WHO through the Director General's award for a State Government in SEARO Region. Besides, it is the recipient of the same award in the Individual category too in 2013 (for Dr. Rakesh Gupta, a former surgical oncologist, now working full-time in tobacco control for over 14 years

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with models of Smoke-free District City, Tobacco-free Workplaces and Tobacco Treatment Protocol to his credit).

*The demographics reported by Global Adult Tobacco Survey in October 2010 for the State of Rajasthan<sup>4</sup>:*

- About 32% of its adult population uses tobacco in any form;
- About 50% males and ~13% females use tobacco with current tobacco smoking by 18.8% adults (male-female ratio of 5.7:1) and current use of SLT by 18.9% adults (male-female ratio of 3.37:1).
- Almost 67% need to consume tobacco within half an hour of waking up.
- The average age at daily initiation of tobacco use is 17.3 years with 17.7 years in males and 14.1 years in females.
- The exposure to second-hand smoke is higher at home vs. public places- ~74% vs. ~40% respectively.
- Surrogate advertisement, sponsorships and promotions are a significant concern. These focus more on SLT (~60%) vs. smoked ones (between ~30%-40%). On the other hand, over 90% adults believe on harmful effects of tobacco, second-hand smoke and SLT.

Tobacco cessation is in its infancy through only a very few apex medical institutions in its capital city; and, in the 2 districts running the National Tobacco Control Program (NTCP) through a counselor in each of these. Overall ~50% to ~60% current tobacco users desire to quit- more in smokers' category vs. those using SLT. The health professionals advise smokers more (~40%) vs. users of SLT (~30%).

## Introduction of Quitline

Quitline (Figure 1) is a part of the 104 Health Information Helpline in Public Private Partnership of PS with Medical & Health Department, Government of Rajasthan, Jaipur- PEHAL (Pehal is a word in Hindi language that means "the Initiative").

Telephonic Tobacco Cessation in the State of Rajasthan was kicked off in January 2013 following a state governance proclamation to make the State Tobacco-free; and, persuasions as its follow-up by a quitline resource based in the city- (the first author who has been volunteering for PEHAL since then.

The quitline service runs all seven days, from 7am to 9 pm while its Health Helpline that runs round the clock,



Figure 1. The Quitline in PEHAL

all seven days of a week registers all those who call in the interim to quit for a call by the quitline staff the next morning.

It is a reactive service. On their very first call to the service and prior to the counseling in the same sitting in the majority, the intake session (to note for their demographics and willingness to quit) is carried by a Health Advisory Officer (HAO)- a qualified paramedic (nurse) serving the service for other medical ailments.

The call is then transferred to any of the 3 counselors (Figure 2) trained specifically through education, training, monitoring and evaluations by the first author through weekly/ fortnightly sessions. The counselors (Figure 3) are supported duly by the paramedics trained only for the follow-ups. Their bench strength is being increased to both current and anticipated increase the frequency of follow-ups of the callers.

PEHAL now has scripts for the Single Session and Follow-ups. The data is currently being captured on the excel sheet after concluding the calls. To meet with its increasing needs and challenges of inadvertent omissions, although it has been decided to integrate the scripts in the software, its cost is the barrier currently.

The policy proposes follow-up to the Single Session delivery after a week, 1 month, 3 months, 6 months and



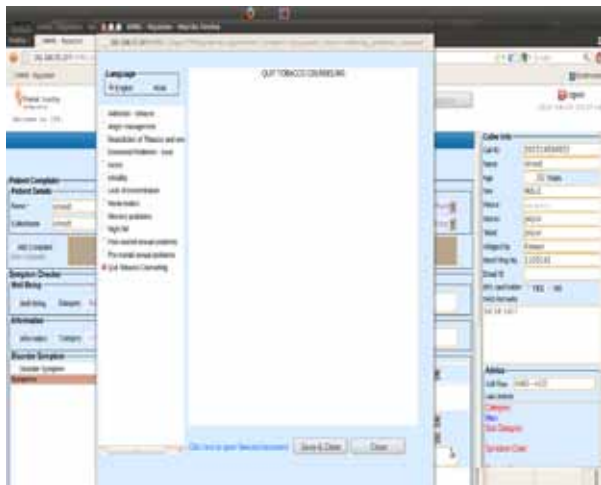
Figure 2. The Quitline Counselor in Session



Figure 3. The Quitline Team

**Table 1. Distribution of Tobacco Users Correlating Age with Type of Tobacco Used**

| Age (Years) | Smoked | SLT   | Dual | Total | %      |
|-------------|--------|-------|------|-------|--------|
| 0 to 15     | 9      | 69    | 2    | 80    | 5.24   |
| 16 to 25    | 214    | 736   | 30   | 980   | 64.27  |
| 26 to 35    | 71     | 197   | 9    | 277   | 18.17  |
| 36 to 45    | 48     | 72    | 4    | 124   | 8.13   |
| 46 to 55    | 21     | 22    | 1    | 44    | 2.88   |
| 56 to 65    | 8      | 8     | 2    | 18    | 1.18   |
| 65+         | 1      | 1     |      | 2     | 0.13   |
| Total       | 372    | 1105  | 48   | 1525  |        |
| %           | 24.40  | 72.46 | 3.14 | -     | 100.00 |



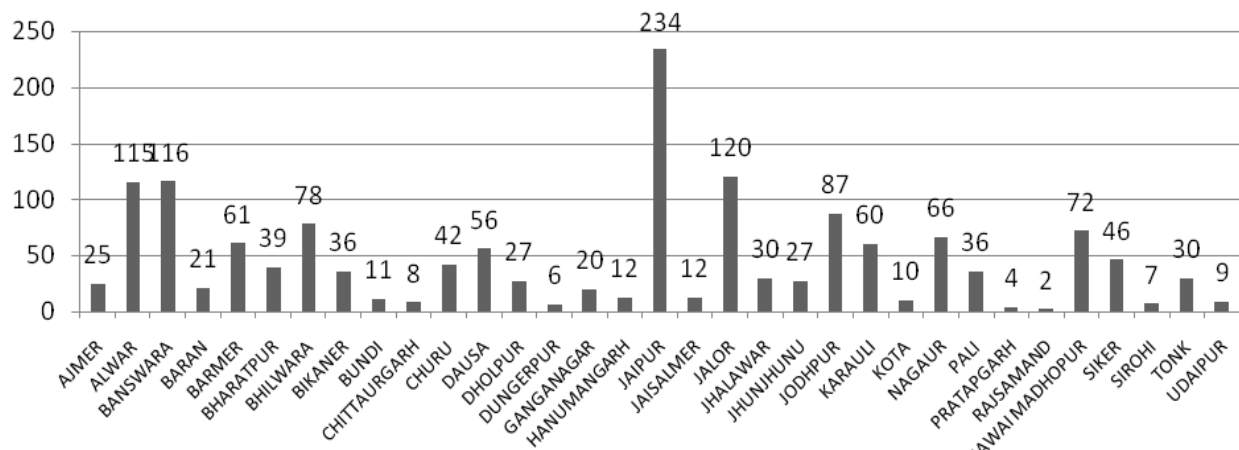
**Figure 4. Snapshot of the Counselors Worksheet**

at 1 year to record for successful quit, failure to quit and relapse. As part of follow-up policy, those who do not respond or have phones switched off are called twice again after 2 hours; and, the next day again around the same time. If there is no response even then, the caller will have to make a call for resumption of the service; but, they are kept on roaster for follow-up after 6 months and after 1 year respectively.

### Cessation service overview<sup>2</sup>

In the year 2013, the service had 1525 clients calling solely to quit tobacco. The tobacco users calling for alcohol or any other de-addiction assistance (#26), categorized ineligible, have been excluded in this report.

Largest numbers of callers, in order of frequency, were



**Figure 5. Distribution of Calls District-wise**

from the districts of Alwar, Banswara, Jaipur, Jalore and Jodhpur (<http://www.mapsofindia.com/maps/rajasthan/districts/>).

The majority of the callers were in 2<sup>nd</sup> and 3<sup>rd</sup> decade of their life (82.44%; Table 1). The users of the SLT were 2.97 times more than the smokers:

The loss to follow-up was observed in 1001/ 1525 (65.64%) was due to change in their phone nos., switched off phones, caller non-availability despite several calls and/or someone else responding for him/her.

Accounting for complete abstinence, a quit rate of 19.93% (304/1525; Figure 6) was observed at the 18 months with negligible difference amongst smokers vs. users of SLT (20.96% vs. 20.01%). But, when non-responders were excluded (1001; 65.64%), amongst responders, the overall quit rate jumped to 58.01% (304/524) (). Those who failed to quit, inclusive of relapses, accounted for 41.99% (221/524).

A success rate of ~58.01% (304/524) among responders at the follow-up after 18 months is highly significant for the State of Rajasthan that otherwise has a quit rate of 11% for former ever daily smokers and 8.2% for former ever users of SLT. If the quit rate for all callers is considered (19.94%; 304/1525), the success is over 11 times higher than the current quit rate of 1.7% for former daily smokers and 1.6% former daily users of SLT.

The web and mailing services are currently unavailable. The current government in the State is yet to decide on the free availability of Nicotine Gum and Bupropion (in sustained release form), a decision that was anticipated a year ago in line with the policy of the previous government to provide free medicines to all. No self-help material is available presently.

### Infrastructure & facilities

#### Call system

##### i) Call system

The calls lend on server. It goes for the free extension to forward the call to the first level where details of caller are being captured by a HAO; and, if the caller desires to quit, the call is forwarded to one of the counselors.

PEHAL consists of internet protocol private branch exchange (IP-PBX), CTI middle ware, interactive voice response (IVR) and recording server with following



feature (Table 2):

- The function of IP-PBX: call transfer, pulling call, return call, call forward, hold call, call back, group general directory number.

- The function of CTI middleware: Order and data exchange between telephone exchange and Computer, Data analysis, Call processing/Divide and manage work process in Center, Integrate Management Solution for control and analysis all CTI call center system.

- The function of IP PBX recording server:

- Support all recording and optional recording type

- Support making list of recording files, play, sending and delete function

- Support searching by File name, agent number, custom call number, date, etc.

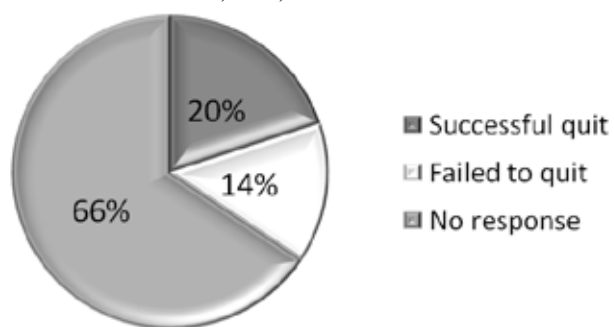


Figure 6. The Quitline Results for 2013 and 2014

Table 2. Overview of Call System

| Items              | Name                              | Contents   |
|--------------------|-----------------------------------|--|
| IP PBX             | Asterisk Open                     | Server Management Program  |
|                    | Source IP PBX                     | SIP Server Program<br>Call Distributor system (ACD)<br>CTI Call Control System   |
| Application Server | Piramal Swasthya (PS) Application | Recording Server Program<br>Monitor Program<br>Recording File Management Program<br>Reports Generation<br>Client Program<br>Server Program |



Figure 7. The Advertisement Boards Installed in some of the Hospitals

- Monitoring for real time check recording server status
- Recording statistics and log management function

ii) Staffs and training

**Staff:** Following is the staff strength overall to serve and backup for the counselors as necessary, But in a limited manner currently:

- Doctors (MBBS): 8
- Health Advisory Officers (HAOs- all qualified nurses): 60
- Counselors (MSW/ MA Psychology/Nurses): 8

**Trainings:** After their initial training by a retired senior physician in early 2013, the counselors are being trained by the first author since April 2013. Besides creating the scripts for the Single Session and the Follow-ups, he is engaged in the evaluation of the quality of the service through the regular interactions with the supervisors- *the other two authors of this report*; and, also through the direct interaction with counselors during their weekly training sessions through their group interactions for monitoring of the calls and continuing education. In the year 2014 due to staff attrition or alteration in the placement, the service has an entirely new team of 3

## टोल फ्री नम्बर पर सलाह ले एक हजार से ज्यादा ने छोड़ा तंबाकू

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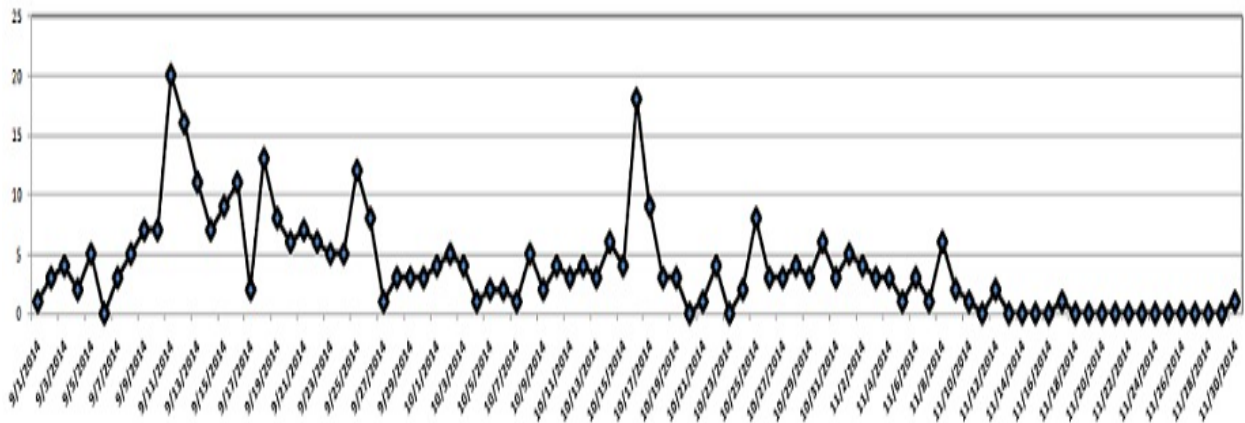
2014 तक इस सेवा में 5 हजार 437 कॉल आईं। इन लोगों में से 19 प्रतिशत ने तब समय के बाद पूरी तरह तंबाकू छोड़ने का दावा किया। माधुर ने बताया कि इस सेवा में कॉल आने पर फोन करने वाले को मानसिक रूप से इसके लिए पूरी तरह तैयार किया जाता है। उसे इसके नुकसान बताने के साथ, घर परिवार पर पड़ने वाले असर के बारे में बताया जाता है। उचित काउंसलिंग के बाद पहली बार सातवें दिन उसे फिर से फोन कर तंबाकू छोड़ने के बारे में पूछा जाता है। इसके बाद 21वें दिन फिर रकेश गुप्ता ने बताया कि 30 अप्रैल

चिकित्सा एवं स्वास्थ्य विभाग की ओर से संचालित 104 टोल फ्री सेवा में सलाह लेकर एक हजार से अधिक लोगों ने तंबाकू छोड़ने का दावा किया है। जनवरी 2012 में शुरू हुई सेवा में दिसम्बर 2012 में तंबाकू छुड़वाने को भी शामिल किया गया था। 42 प्रतिशत ने इस सेवा का लाभ लेने के बाद तंबाकू का सेवन कम करने की बात कही है। इस सेवा से जुड़े फंक्ज माधुर एवं काउंसलर्स के प्रशिक्षक डॉ. रकेश गुप्ता ने बताया कि 30 अप्रैल

Figure 8. Increasing Mass Awareness for the 104 Service on the Eve of World No Tobacco Day 2014



Figure 9. The Statewide mass Awareness through TV Serial-Society & Tobacco; a Session in Progress



**Figure 10. Rise in Quit Calls Post-telecasts**

counselors. The 5 HAOs, initially trained for the conduct of follow-ups, are being used for the primary counseling as well, whenever the numbers of calls increase or to give them more experience.

### Activities for Quitline Promotion

Quitline promotion (Figure 7) until September 2014 was done rather scantily through the print media only; and, only in some parts of the State. The Information, Education and Communication (IEC) activities have recently been given a stronger push by its State Director.

The awareness of Quitline has been on increase steadily following collaboration by PS with RCF to communicate to the masses its 104 Toll Free service through both print and electronic media through a press conference held on World No Tobacco Day 2014, (Figure 8):

Between September to November 2014, RCF collaborated with the State TV channel (Doordarshan Rajasthan, Jaipur; Figure 9) for a 10 episode series on “Society and Tobacco” under its regular social program- *Samajik Sarokar* (A Social Concern). It worked with 2 objectives:

i) To initiate the desired change in the societal norm that ***tobacco use is a disease and a tobacco user is a patient***; and,

ii) To promote the use of toll-free State Medical Helpline “104” by the callers statewide to quit tobacco.

Their impact was evident through an increase in calls post-telecasts but these missed on sustainability (Figure 10).

The videos have been posted on Face book page of RCF (<https://www.facebook.com/rajasthancancerfoundation?ref=hl>)5 and YouTube6 (<https://www.google.co.in/#safe=active&q=Youtube+dr.+rakesh+gupta+society+and+tobacco>) for a wider use at no cost by the organizations and masses inhabiting the Hindi-speaking belt of Northern and Western India:

In 2015, RCF has also begun working with the City Radio with the aims stated above to motivate people quit through toll-free service-104.

### Future Development

The service aims to:

- Bring improvement in the delivery overall; and, for higher quality;
- Advocate with the Medical and Health Department of the State Government to improve its utility by enhancing its IEC;
- Get funded to upscale the existing service and replicate it in 5 more states where PS collaborates with the respective State Governments (Assam, Chattisgarh, Jharkhand, and Karnataka); and,
- Advocate with the Ministry of Health, Government of India, to allocate quitline-specific budget to enable these states to integration and sustain quitline in their Health Information Helpline.

### Introduction of Research and it’s Outcome Related Quitline Activities

It wishes to undertake research into following areas:

- Supportive factors and barriers for quit;
- Achievement of Quitline: number of calls and quit rate;
- Relapse pattern by day after first quit attempt;
- Reasons of relapse;
- Factors associated with relapse; and
- Satisfaction on Quitline service.

### Facing Challenge

The Major challenges have been:

- Availability of specific fund allocation to upscale its activities and work for its replication in other 4 states of India to be able to provide an evidence of its feasibility and outcomes; and,
- Optimal support and coordination with the State health system for increasing its awareness and IEC.

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